



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
Licensing and Regulatory Services
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11 State House Station
Augusta, Maine 04333
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Fax: (207) 287-9325; TTY: 1-800-606-0215

CNA Website: <http://www.maine.gov/dhhs/dlrs/cna/home.html>

CNA Web-portal: <https://gateway.maine.gov/cnaregistry/>

Maine Registry of Certified Nursing Assistants (CNA)

Application for CNA Trained Out-of-State

Please check one:

- () New Application
() 2 year Renewal Application
() Competency Testing

Print in **blue or black ink**, or type all information. Only applications completed in ink will be accepted.
ALL information must be completed or the application form will be returned to the applicant.

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(Street/P.O. Box)

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(City/Town)

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(State)

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(Zip Code) + 4-digit extension [if known]

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Applicant must attach the following to the application:

1. **COPY (no originals please)** of documentation that the applicant's CNA training is equivalent to or greater than Maine's required hours of classroom and clinical training.

2. **COPY (no originals please)** of documentation of a passing score on the CNA competency evaluation testing.
3. **COPY (no originals please)** of the applicant's CNA training certificate.
4. **COPY (no originals please)** of the applicant's Social Security Card.
5. **COPY (no originals please)** of the applicant's current driver's license (or official government I.D.) containing a photograph and signature. (A valid passport is also acceptable). (A student I.D. is NOT acceptable.)
6. **Letters from employers (if applicable):** Place(s), date(s), and number of hours worked while employed as a CNA during the last 5 years. (***Officially documented by the employer in a letter to the Registry.***)
7. **COPY (no originals please)** of documentation of the applicant's completion of at least the ninth grade of school.

Please answer the following questions:

*** If you answer "Yes" to questions #1 or #2 below, you must attach an explanatory letter that includes the location and date of each occurrence.**

**** If you answer "Yes" to questions #3, #4, #5, #6, or #7 below, please attach court documents pertaining to each conviction.**

1. Have you **ever** been denied a CNA certificate or license? Yes ☐ No ☐
2. Have you **ever** had any disciplinary action (probation, suspension, revocation or reprimand) taken against your CNA certificate or license? Yes ☐ No ☐
3. Have you **ever** been convicted of **any** crime under the laws of Maine? Yes ☐ No ☐
4. Have you **ever** been convicted of **any** crime under the laws of **any** other State? Yes ☐ No ☐
5. Have you **ever** been convicted of **any** crime under the Federal laws of the United States? Yes ☐ No ☐
6. Have you **ever** been convicted of **any** crime under the laws of any other country? Yes ☐ No ☐
7. Have you **ever** been convicted of **any** crime that took place in **any** health care setting in the State of Maine, or any other State? Yes ☐ No ☐

The Maine Registry of Certified Nursing Assistants (the "Registry") shall deny any applicant, or a CNA, placement or continued listing on the Registry if an application contains known misrepresentations, or represents in any way an attempt by the applicant, or CNA, to obtain placement or continued listing on the Registry by deceitful or fraudulent means.

I believe that all of my answers to the above questions are true and correct. I understand that the staff of the Registry will verify the information on this application for its truthfulness and that knowingly making a false statement on this application may subject me to prosecution under applicable Maine law.

X _____
Applicant's Complete Signature

X _____
Date of Application

Please send completed application, with accompanying documentation, to:

Maine Registry of Certified Nursing Assistants
Division of Licensing and Regulatory Services
11 State House Station – 41 Anthony Avenue
Augusta, Maine 04333-0011

*Please **attach** a copy of an
official government
photo I.D.
(including signature)*

HERE

(Student I.D. not acceptable)

*Please **attach** a copy
of your
Social Security Card*

HERE

| For Office Use Only | |
|---------------------|-------|
| Approved by: | _____ |
| Date: | _____ |